

## LEAVE OF ABSENCE

Date \_\_\_\_\_

I, \_\_\_\_\_ hereby request an unpaid Leave of Absence for the following reason(s):

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Should this leave of absence be granted, my last day of work will be \_\_\_\_\_,  
and I will return to work on \_\_\_\_\_.

Type of Leave:

\_\_\_\_\_ Medical (if medical – attach copy of medical documentation)

\_\_\_\_\_ Personal

I fully understand that this leave of absence may be extended by my written request \_\_\_\_\_ days in advance of the return date. I also understand that said extension of leave of absence shall not be binding upon the company until they have approved said extension and provided me a copy of same.

It is with clear knowledge that should I fail to return to work on the date specified above or on subsequent extension date, I may be considered, by the company, as having VOLUNTARILY QUIT my job.

All statements above are fully understood

\_\_\_\_\_  
(Employee signature)

Approved by:

\_\_\_\_\_  
(Name Printed)

\_\_\_\_\_  
(Supervisor / Manager)

\_\_\_\_\_  
(Date)

cc: Employee  
Personnel File

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)